Total number of pages for this report 3

Disposition of Unspent Contributions

Reporting Form for Elected Public Officers (NRS 294A.180)

State of Nevada

| BEFORE COMPLETING TH | IS FORM, PLEASE READ THE REQUIREMENTS (| |
|--|---|--------------|
| /************************************* | THE REQUIREMENTS | JN PAGE I WO |

(This page may be copied or duplicated if additional space is needed, but all pages must be attached when the report is filed.)

NOTE: Any person who willfully violates the filing requirements is subject to a civil penalty of not more than \$5,000 for each violation and payment of court costs and attorney's fees!

| Porter, Jon C. Porter, | Sr. State Senate | District 1, Clark County | |
|---|---|---|--|
| Name (print) | Office Held | District | |
| DATE OF THIS REPORT: | ☑ January 15, 2000 | ☐ 15th day of the second month after leaving office if contributions remain | |
| BEGINNING BALANCE OF U | JNSPENT CAMPAIGN NS AS OF JANUARY 15, 19 | | |
| | | 999: \$_41.074.96 | |
| (This report should reflect only | EXPLANATION OF DIS y any remaining campaign co | POSITION ontributions from the previous election cycl | |
| AMOUNT: | DISPOSITION: | | |
| \$ 37,061.12 | Expenses related to | office | |
| \$ 500.00 | Other campaigns | | |
| \$ 395.00 | Political Party | | |
| \$ 2,625,45 | Donate to tax exempt | | |
| S | | | |
| s | | | |
| s | | | |
| REMAINING BALANCE OF U | NSPENT CAMPAIGN IS AS OF DECEMBER 31, 1 | 1999: \$ 1,024.06 | |
| I do hereby swear (or affirm) unde | r penalty of perjury that the as | sertions contained in this report are true | |
| this 15th day of | January | 2000 | |
| | | <u>,</u> | |
| Signed: 1/15/00 Date | | Signature of Public Officer | |
| Jon C. Porter, Sr. Name of Public Officer | | ce Use Only | |
| 601 Whitney Ranch Dr., 9 | | FILED | |
| Street Address | ste 10 | IN THE OFFICE OF THE SECRETARY OF STATE OF THE | |
| Mailing Address if Different | | STATE OF NEVADA | |
| Henderson, NV 89014 City and State Zip (| | JAN 1 5 2000 NY | |
| 702-294-1004 Daytime Telephone Number | | | |
| payante refebuotie tamitoer | | *W | |
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Tantan ; bite &

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